

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54991
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED
MAY 05 2017

Bayfield Co. Zoning Dept

ENTERED

Permit #:	17-0141
Date:	5-16-17
Amount Paid:	\$125.55-17
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		
Owner's Name: <u>KEVIN MURPHY</u> <u>DOWN AT BELLE BERGQUIST</u>	Mailing Address: <u>698 S. CLEVELAND RD</u> City/State/Zip: <u>BARNES WI 54873</u>	Telephone: <u>54849</u> Cell Phone: <u>218-428-6983</u>
Address of Property: <u>1805 BUCK-N-BASS ROAD</u>	Contractor Phone: <u>715 795 2716</u> Plumber: <u>DURVER</u>	Plumber Phone: <u></u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>715 795 2716</u> Agent Mailing Address (include City/State/Zip): <u>1805 Buck-N-Bass Rd.</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-</u> TAX ID <u>3335</u> Recorded Document: (i.e. Property Ownership) Volume <u>1110</u> Pages <u>420</u>	Subdivision: <u>Assessor's Plat</u>
<u>1/4, 1/4</u> Gov't Lot <u>1</u> Lot(s) <u>3</u> CSM Vol & Page Lot(s) No. Block(s) No.	Distance Structure is from Shoreline: <u></u> feet Distance Structure is from Shoreline: <u></u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Section <u>7</u> , Township <u>44</u> N, Range <u>9</u> W Town of: <u>BARNES</u>	Distance Structure is from Shoreline: <u></u> feet Distance Structure is from Shoreline: <u></u> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <u>→</u> If yes—continue <u>→</u> <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue <u>→</u>	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$ 500.00</u>	<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story <input type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input type="checkbox"/> (New) Sanitary <input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>ST</u> <input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input checked="" type="checkbox"/> Compost Toilet	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>12</u>	Width: <u>10</u>	Height: <u>13</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property) <input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.) <input type="checkbox"/> with Loft <input type="checkbox"/> with a Porch <input type="checkbox"/> with (2 nd) Deck <input type="checkbox"/> with a Deck <input type="checkbox"/> with Attached Garage <input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input checked="" type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date) <input checked="" type="checkbox"/> Addition/Alteration (specify) <input type="checkbox"/> Accessory Building (specify) <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Rec'd for Issuance <input type="checkbox"/> Accessory Building Addition/Alteration (specify)	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Secretarial Staff	<input type="checkbox"/> Special Use: (explain) <input type="checkbox"/> Conditional Use: (explain) <input type="checkbox"/> Other: (explain)	(<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>) (<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) present to county officials with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Kevin Murphy Shelly Barnes Shelly Barnes Date 4/23/17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date

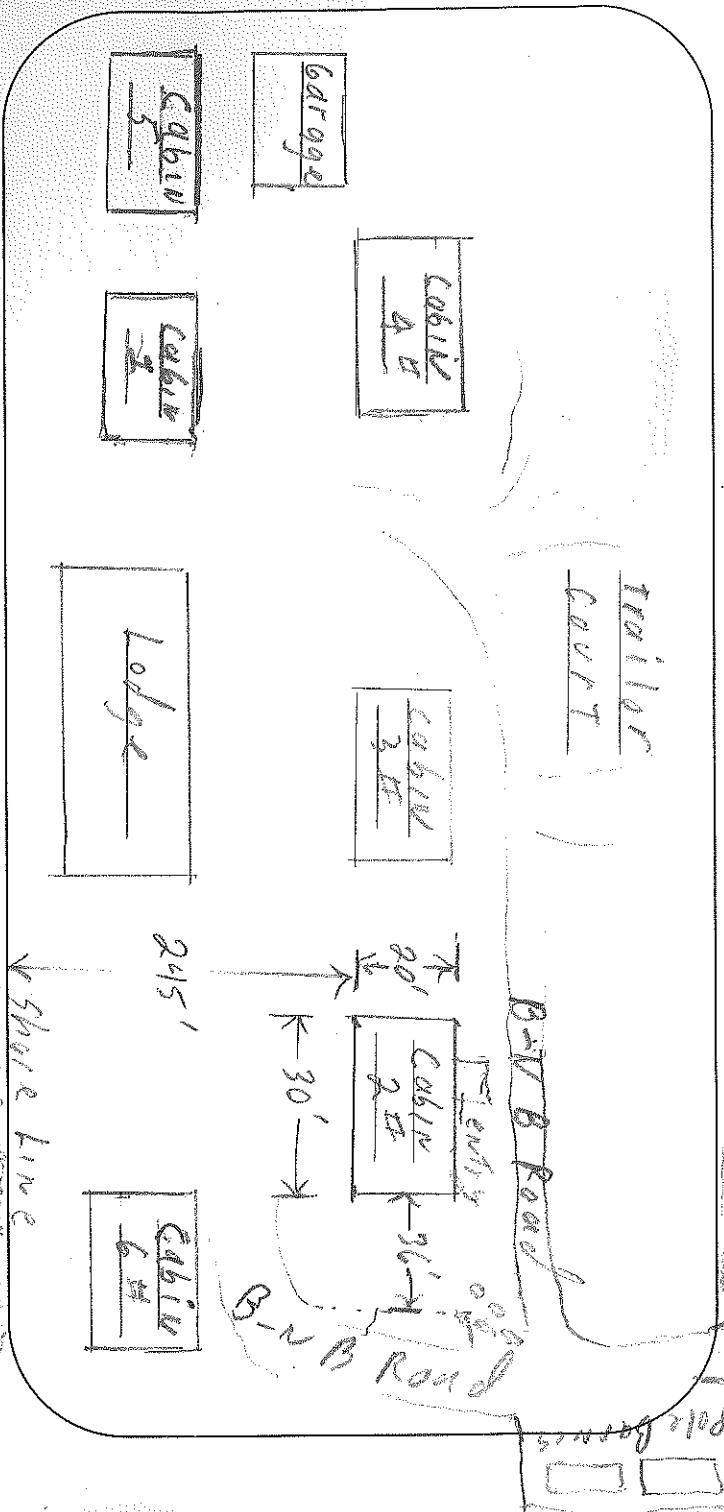
Address to send permit (If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement

one box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	> 50.0' Feet	Setback from the Lake (ordinary high-water mark)	245' Feet
Setback from the Established Right-of-Way	> 47.5' Feet	Setback from the River, Stream, Creek	245' Feet
Setback from the North Lot Line	36.5' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	24.5' Feet	Setback from Wetland	245' Feet
Setback from the West Lot Line	40.1' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	3.6' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20' Feet	Setback to Well	> 10' Feet
Setback to Drain Field	20' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0141		Permit Date: 5-16-17		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input type="checkbox"/> Yes	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Previous entry needed replacement as large pine tree damaged foundation. Location opens to be code compliant. OK to issue LV permit.		Date of Inspection: 5/15/2017		Inspected by: Robert Schierman
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Must Contact Uniform Dwelling Code agency constructed by Town of Bernes and secure Uniform Dwellings Code permit if project is regulated within the scope of the Town's contract.		Zoning District: (R2S) Lakes Classification: (1)		Date of Re-Inspection:
Signature of Inspector: [Signature]		Date of Approval: 5/15/17		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
				Hold For Fees: <input type="checkbox"/>

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0141** Issued To: **Donn & Lydelle Berquist**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **7** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **3** Block Subdivision **Assessors Plat** CSM#

For: **Commercial Accessory Addition: [1- Story; Entry (10' x 12') = 120 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact Uniform Dwelling Code agency contracted by Town of Barnes and secure UDC permit if project is regulated within the scope of the Town's contract.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAY 04 2017
Bayfield Co. Zoning Dept.

Permit #:	17-0140
Date:	5-16-17
Amount Paid:	\$185 55-17
Refund:	\$75 5-5-17

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name:	JOHN STECKSCHULTE			Mailing Address:	53149		Telephone:
Address of Property:	55295 1st St. Rd.			City/State/Zip:	MILWAUKEE WI 53149		Cell Phone:
Contractor:	EACHES WIS			Contractor Phone:	788 2906		Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:			Agent Mailing Address (include City/State/Zip):		715 372 4156	
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID # (4-5 digits)	Recorded Deed (i.e. # assigned by Register of Deeds)		Document #		
SW 1/4, NW 1/4	Gov't Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:
		2	1774	10 261	2		90744147EM1
Section 17, Township 45	Range 9 W	Town of: BARNES		Lot Size	Acreage		
				450235.F	1.03		

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure Is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure Is from Shoreline: feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$25000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input checked="" type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input checked="" type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 76	Width: 16	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

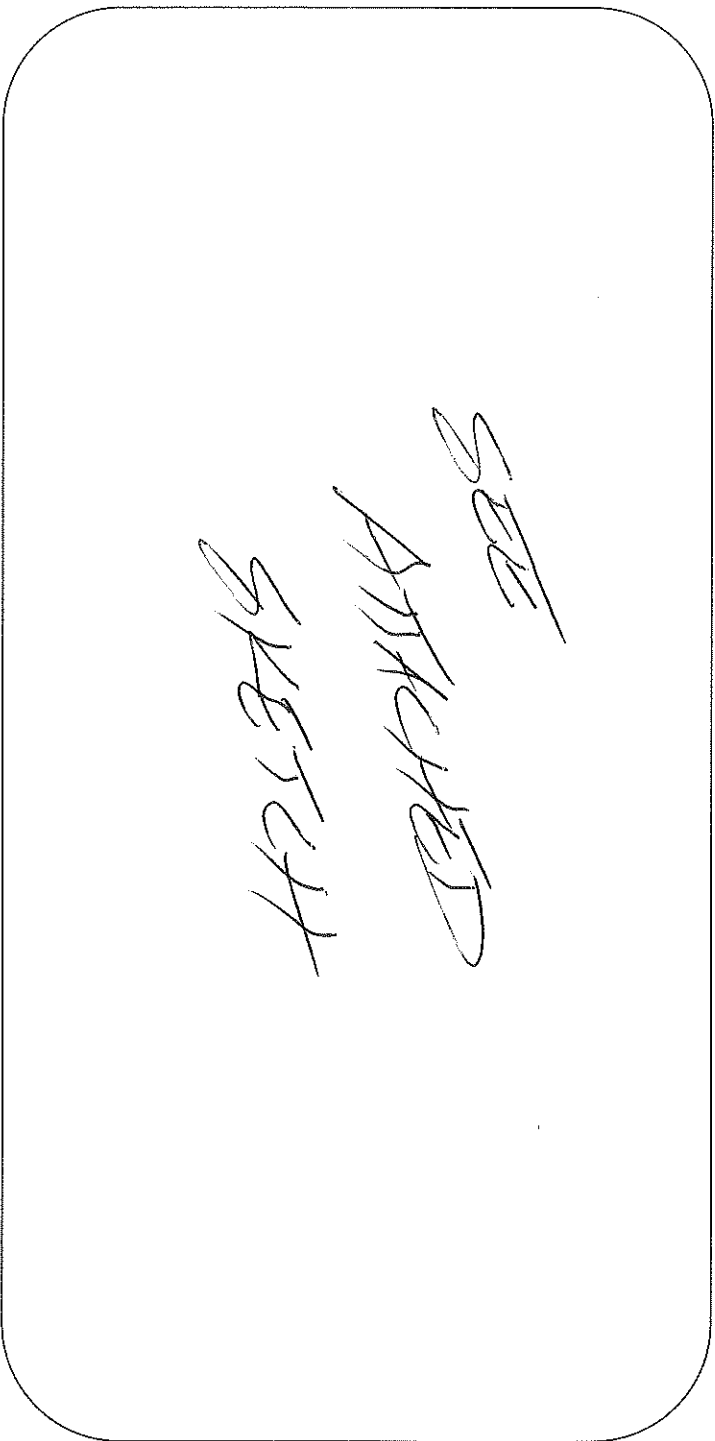
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	() X ()	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2nd) Deck	() X ()	
<input type="checkbox"/> Commercial Use	with Attached Garage	() X ()	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
MAY 16 2017	Conditional Use: (explain)	() X ()	
Secretarial Staff	Other: (explain)	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) hereby warrant that the information provided in this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: 5.12.17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: _____
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	160 Feet	Setback from the Lake (ordinary high water mark)	Feet
Setback from the North Lot Line	104 Feet	Setback from the River, Stream, Creek	Feet
Setback from the South Lot Line	45 Feet	Setback from the Bank or Bluff	Feet
Setback from the West Lot Line	31 Feet	Setback from Wetland	Feet
Setback from the East Lot Line	135 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	20 Feet	Setback to Well	Feet
Setback to Drain Field	10 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

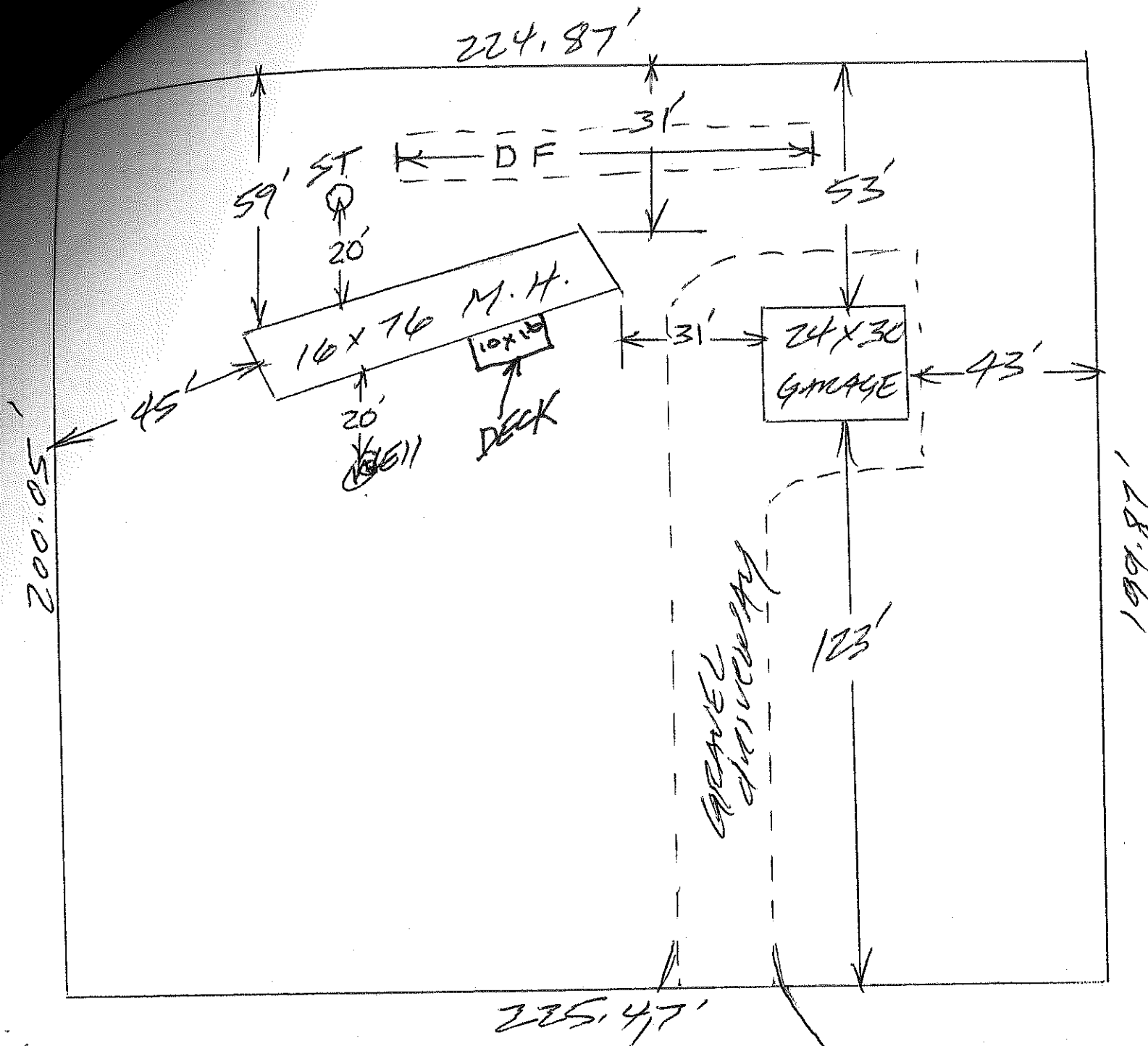
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 17-2828	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 17-0149		Permit Date: 5-16-17		
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No		Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> No		Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is Structure Non-Conforming <input type="checkbox"/> Yes <input type="checkbox"/> No		Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #: _____		Case #: _____		
Was Parcel Legally Created <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record: Property lines and project location well marked w/ laser & ribbon. Location as identified by owner appears to be code compliant. OK to issue Land Use Permit.				
Date of inspection: 5/15/2017		Inspected by: Robert Schierman		Zoning District (AI) Lakes Classification ()
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached.)				
Must Contact local Uniform Dwelling Code (UDC) inspection agency and secure UDC permit as required by state statute.				
Signature of Inspector: [Signature]		Date of Approval: 5/15/2017		
Hold For Sanitary: <input checked="" type="checkbox"/> Here		Hold For TBA: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____
5/16/17		[Signature] Take for [Signature] Home		



→

55285 LITTLE Island Rd.

own, City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY – 17-26S
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0142** Issued To: **John Stechschulte**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **17** Township **45** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential Use: [1- Story; Mobile Home (16' x 76') = 1,216 sq. ft.; Deck (10' x 16') = 160 sq. ft.]**
Total Overall = 1,376 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must contact local Uniform Dwelling Code inspection agency and secure UDC permit as required by State Statute.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 16, 2017

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
MAY 10 2017

ENTERED
Permit #: 17-0144
Date: 5-16/17
Amount Paid: \$1500 \$11-17
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

BAYFIELD CO. Zoning Dept.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>David A. Schmelter</u>	Mailing Address: <u>1835 Oak Ridge Dr.</u>	City/State/Zip: <u>New Richmond WI</u>	Telephone: <u>54017</u>
Address of Property: <u>Lot 3 of CSM #1054 VGP 396</u>	City/State/Zip: <u>Barnes, WI 54873</u>	Plumber: <u>Ray Visecky</u>	Call Phone: <u>715-72600770</u>
Contractor: <u>Bill Rudy MASONRY</u>	Contractor Phone: <u>715-494-3771</u>	Plumber: <u>Ray Visecky</u>	Plumber Phone: <u>715-494-0795</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>715-494-3701</u>	Agent Mailing Address (Include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# (4-5 digits) <u>1717</u>	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: <u>1136</u> R- <u>101</u>
<u>1/4</u> , <u>1/4</u>	Gov't Lot <u>2</u> Lot(s) <u>5</u> CSM <u>1054</u> Vol & Page <u>6/396</u> Lot(s) No. Block(s) No. Subdivision:	Lot Size	Acreage <u>3.86</u>
Section <u>09</u> , Township <u>44</u> N, Range <u>09</u> W	Town of: <u>Barnes</u>		

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →	Distance Structure is from Shoreline: <u>100</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →	Distance Structure is from Shoreline: <u>100</u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>50,000.-</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Shallow well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>16</u>	Height: <u>8' walls + Roof</u>
Proposed Construction:	Perch → <u>70</u>	Width: <u>16</u>	Height: <u>8' walls + Roof</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Porch	() X ()	
<input type="checkbox"/>	with a Deck	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	
<input checked="" type="checkbox"/>	Accessory Building (specify) _____	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	
Rec'd for Issuance	Special Use: (explain) <u>Gathering Room Art Studio</u>	(24 X 16)	7484
MAY 16 2017	Conditional Use: (explain) _____	() X ()	
	Other: (explain) _____	() X ()	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): David A. Schmelter Bill Rudy
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 5/8/17

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _____

Address to send permit

Attach

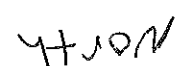
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Proposed Construction North (N) on Plot Plan

- Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Fridge
All Existing Structures on
(*) Well (W); (*) Septic Tank
(*) Lake; (*) River; (*) Stream
(*) Wetlands; or (*) Slope



Changes in plans must be approved by the Planning & Zoning Dept.

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road		Setback from the Lake (ordinary high-water mark)	100 Feet
Setback from the Established Right-of-Way	7950 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	13 Feet	Setback from the Bank or Bluff	75 Feet
Setback from the South Lot Line	44 ft x 50 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	100 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	100 ft Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	100 ft Feet
Setback to Drain Field	50 Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s)** of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 15-435		# of bedrooms:	Sanitary Date:	
Permit Denied (Date):		Reason for Denial:				
Permit #: 17-0144		Permit Date: 5-16-17				
<input type="checkbox"/> Is Parcel a Sub-Standard Lot <input type="checkbox"/> Is Parcel in Common Ownership <input type="checkbox"/> Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous lot(s)) <input type="checkbox"/> No <input checked="" type="checkbox"/> No		<input type="checkbox"/> Mitigation Required <input type="checkbox"/> Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Affidavit Required <input type="checkbox"/> Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #: NA		<input type="checkbox"/> Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #: NA
<input type="checkbox"/> Was Parcel legally Created <input type="checkbox"/> Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Were Property/Lines Represented by Owner <input type="checkbox"/> Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Project location and Property lines well marked by owner. Location appears to be code compliant. OK TO issue C.U. Permit.		Zoning District (R1) Lakes Classification (1)				
Date of Inspection: 5/15/2017		Inspected by: Robert Schurman		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.) Not to be used for Human habitation. Conversion to existing POWTS will require additional permits.						
Signature of Inspector: [Signature]		Date of Approval: 5/15/2017				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – X
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0144** Issued To: **David Schmelter & Jill Claessens**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **9** Township **44** N. Range **9** W. Town of **Barnes**

Gov't Lot Lot **3** Block Subdivision CSM# **1054**

For: **Residential Accessory Structure: [1- Story; Art Studio (24' x 16') = 384 sq. ft.; Porch (10' x 10') = 100 sq. ft.]**
Total Overall = 484 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Not to be used for human habitation. Connection to existing POWTS will require additional permits.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

May 16, 2017

Date